

MUD AUG 28 1941 791

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos. 28 Days
In this community 2 Mos. 28 Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Baby Garifo

3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Newborn
6. (b) Name of husband or wife Newborn 6. (c) Age of husband or wife if alive Newborn years
7. Birth date of deceased April 18, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 28 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER { 12. Name Carmella Garifo
13. Birthplace Italy
(City, town, or county) (State or foreign country)
14. Maiden name Stella Howard
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Morrison
(b) Address St. Louis City Hospital #1.

17. (a) BURIAL (b) Date thereof 7-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director John J. Kelly
(b) Address 1515 Lafayette Ave.

19. (a) JUL 18 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 267
(d) Street No. 2513a North Thirteenth St.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16,
year 1941 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from April
18, 1941, to July 16, 1941;
that I last saw her alive on July 16, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Congenital Malformation of brain.
Due to _____

Due to _____
Other conditions:
(Include pregnancy within 3 months of death)
157

Major findings:
Of operations _____
Of autopsy against of brain
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place)
Means of injury _____
23. Signature [Signature] (Date signed) 7/17/41
Address 1515 Lafayette Ave., Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Myself

Signed.....

Glenn E. Henderson

Licensed Embalmer No.....

4141

P. O. Address.....

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.